

FILED  
IN CLERK'S OFFICE  
U.S. DISTRICT COURT E.D.N.Y.

★ FEB 18 2025 ★

BROOKLYN OFFICE

25-cv-00953-HG-TAM

Form 1 Notice Intention

STATE of New York

Court of CLAIMS

Miller L. Phillip<sup>JR</sup> 2483510

claimant

Notice of Intention

To File A CLAIM

- against -

Index # 791-23 NYSID 003214024

The state of New York,

defendant

All departments of United States / New York state / Authorities Agencies of the world and universe

TO: THE ATTORNEY GENERAL OF STATE OF New York

SIR OR MADAM:

Please take notice that the undersigned, Miller Phillip<sup>JR</sup> 2483510, Intends to file a claim against the state of New York pursuant to sections 70 and 71 of the Court of Claims Act.

The post office address of the claimant is: ATTICA Correctional Facility P.O. Box 149 ATTICA 14011-0149

The claimant is submitting this notice of intention to file a claim pro se. The time when the place where and the manner in which the claim arose are as follows:

Describe your injuries and explain how the state is at fault.

Violations of All Law-Rules-policies-Regulations And being Held against my will here AT ATTICA Correctional Facility P.O. Box 149 ATTICA New York 14011-0149 For A Double Jeopardy crime by being sentence twice for 265.02<sup>sub 3rd</sup>(5) And 265.02<sup>sub 3rd</sup>(1) crimes which is Double Jeopardy In New York state And many other state As well. Also violated my Due process Rights many injuries And Damages - see Attach claim And Following pages! Also Green Card - Receipt - after the original claim was send to here A copy for now because the having wrote back yet it take (2 to 4) weeks ->

REC'D IN PRO SE OFFICE  
FEB 18 2025 AM 11:23

It was send out from ATTICA JAN 14, 2025 /Recelet turn to me on  
the next DAY JAN 15, 2025 /Green card/ Return to me on 23<sup>th</sup> JAN Delivery  
in 1-21-2025. Also i'm Asking to be Immediatly Release From Does custody And For  
our office to Investigate All matter's of the The claim And notify Albany Head  
quarters to Immediatly Release me. Also I will Return All the original soon  
the Federal Court write back And send back the original of the Ink one! For  
now here a COPY of CLAIM For you to have on Records. Thank you for your  
time And help MAY God Bless your office for Following the LAW!

FORM 2: VERIFICATION

STATE OF NEW YORK

Court of CLAIMS

Miller L. Phillip JR 2483510

claimant,

- against -

VERIFICATION

THE STATE OF NEW YORK

Defendant.

All departments of United States / New York State / Authorities Agencies of the world  
and universe.

STATE OF NEW YORK

COUNTY OF Wyoming 40pt western District New York STATE

I, Miller L. Phillip JR 2483510 being sworn, depose and say:

1. I am the claimant in the within Action
2. I have read the foregoing Notice of Intention to File A claim  
And know the contents thereof.
3. The same is true to my own knowledge except As to matters  
therein stated to be Alleged on information And belief, And that As  
to those matters, I believe them to be true.

Phillip L. Miller JR 2483510  
claimant

Sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_ 20\_\_\_\_

NOTARY Public

FORM 3: AFFIRMATION OF SERVICE

STATE OF New York

Court of CLAIMS

Miller L. Phillip<sup>JR</sup> 24 B3510

Claimant,

- against -

AFFIRMATION OF SERVICE

THE STATE OF New York

Defendant.

All Departments of United States / New York State / Authorities Agencies of the  
World And universe.

STATE OF New York

COUNTY OF Wyoming 4 Dept Western District New York State

I, Miller, L. Phillip<sup>JR</sup> 24 B3510, affirm this 3<sup>th</sup> day of January, 2025 under the  
Penalties of Perjury under the law of New York, which MAY include a fine or  
Imprisonment that the following is true And that I understand that this document  
will be Filed in an Action or Proceeding in a Court of law;

I am over the Age of 18 And reside At ATTICA Correctional Facility P.O. Box  
149, ATTICA New York 14011-0149 Western District 4 Dept

On the 4<sup>th</sup> day of February, 2025, I served a Notice of Intention to  
File a claim upon the Attorney General of the state of New York by Certified  
MAIL, return receipt requested, at the following Address

The Attorney General of the state of New York

Department of LAW

The Capital

Albany, NY 1224

Said Address being the Address designated by the Attorney General for that purpose by depositing A true copy of the within in a postpaid, properly Addressed wrapper in An official depository under the exclusive care And Custody of the United States Postal Service within the state of New York.

Miller L. Phillips Jr  
JR  
Miller L. Phillips 2433514  
claimant

Form 4: CLAIM FOR DAMAGES

Court of Claims

Miller L. Phillip JR 2483510

CLAIM FOR DAMAGES

Claimant,

CLAIM NO.

-against-

Assigned Judge:

The state of New York

Defendant,

All Departments of United States / New York State / Authorities Agencies of the world  
And universe

Miller L. Phillip 2483510

1 The Post office address of the claimant is Wyoming ATTICA Correctional Facility P.O. Box 149 ATTICA 14011-0149 Western District 4 Dist

2 This claim is for assault and battery by the state of New York committed by its employee(s), correction officer(s), All Officer(s)/Agents/ Correctional officer's/Police officers/Federal Agents/CIA Agents/ DEA/ Marshall Agents/Doctor's Agents/ Mental Health Doctor's Agents/ Sheriff officers/ state correctional officers/ Nurse Agents/ All Authorities of United States And As well As this whole world And Realm For Breaking God LAWS And universe LAWS. Especially ATTICA correctional facility P.O. 149 ATTICA New York 14011-0149 Wyoming County. who injured claimant while Acting within the scope of their employment And in the discharge of their duties on

All NYLA 03-15-2023 03-14-2023 08-15-2023 08-16-2024 09-16-2024 12-10-2024

1 - - 2025. 1st 2nd 3rd 1st 2nd 3rd  
14th 10th December

3. on the 15th day of March / November, 2023, at 12:35 AM, 1 o'clock PM / AM [circle one] in the city of Brooklyn / ATTICA County of Kings / Wyoming State of New York, All Authorities / All Agents / Police officer's / correctional officer's / CIA / FBI / DEA / ATF / whole County - world / Realm / All Departments of New York State.

[Describe what led up to the assault And how you were assaulted using as many separate paragraphs to recount the basic course of events

Next →

As necessary. Include Allegations that the Assault was unjustified And without provocation and that it was intentional And willful.]

MANY Reason And because I refuse to be scream by telling the officer's I'm not refusing the Arrested.

4. This claim is filed within one (1) year After the claim Accrued, As Required by law.

5. Attached hereto, As A part of the claim, is a sketch of the place of the Above described Incident.

6. As A result of this Incident, claimant suffered: Physical, mentally stress, Depression, Anxiety, trouble, Many conditions, sweat, tears, pain, weight up and down loss of sleep, Unhealthy, Areas, living conditions bads And many more violations / Rules / Laws violations / Blood loss sores And many wrong I can Address in the court of law.

7. The Particulars of claimant's damages Are As follows:  
See Attachments of claim - suffering physical pain, mental And emotional pain and Anguish, Any permanent physical disability, disfigurement and scarring as well permanent mental/emotional disability harm, Medical expenses been paid under my social Security, lost of years of my life to the system, discrimination violations of Due process And U.S. States Constitution Amendments. And still being Held Against my will on this Charge now in under this Indictment number / Div / Number 7194-23 / NYSD 603214024-2483510, MAINLY on Life.

Next →



2. This Action is filed pursuant to sections 10 and 11 of the Court of Claims Act.

WHEREFORE, claimant respectfully request judgment against the defendant in the sum of 700 zillions / The whole REAM / World / GOD has no amounts of dollars! GOD has whatever GOD want in life.

Miller<sup>JR</sup> Phillip<sup>JR</sup> 2483510  
Miller L. Phillip<sup>JR</sup> 2483510  
claimant



VERIFICATION (for Form 4)

STATE OF New York

COUNTY OF Wyoming

I, Phillip L. Phillip 2483510, being duly sworn, depose And  
Say:

4. I am the claimant in the within Action
5. I have read the foregoing claim And know the contents thereof.
6. The same is true to my own knowledge except AS to matters therein stated to be Alleged on Information And belief. And that AS to those matters I believe them to be true

Phillip L. Phillip JR 2483510  
Claimant

Sworn to before me this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_

x

\_\_\_\_\_  
NOTARY PUBLIC

FORM 5: CLAIM FOR DAMAGES RELATED TO MEDICAL

NEGLIGENCE AND MALPRACTICE

STATE OF NEW YORK

COSTS OF CLAIMS

MILLER L. PHILLIPS JR 2483510

Claimant,

CLAIM

CLAIM NO. \_\_\_\_\_

- against -

Assigned Judge: \_\_\_\_\_

THE STATE OF NEW YORK

Defendant.

All Departments of United States / New York State / All Other Agencies of the World And Universe.

1. The post office Address of CLAIMANT here is MILLER L. PHILLIPS JR 2483510  
District 4 Dept New York State ATTICA Correctional Facility P.O. Box 149  
ATTICA NEW YORK STATE 14011-0149

2. This CLAIM IS for negligence of the state of New York for the negligent practice of dentistry by All Departments of New York State And Agencies - DOCS - NYSCS - This whole world - country

3. AT All times herein mentioned, DOCS - NYSCS - This whole world - country was engaged in the practice of dentistry in W/cting, Queens, Attica, DOC, This whole State - Country - world - New York, And held himself out to be a doctor of dentistry duly qualified to do dental work on human beings. And particularly, to extract teeth. All Dentist of New York State (This world) At DOC, DOCS, NYSCS, All Dental Agencies in New York State (This country) was employed by the state of New York And some type of Agencies in this world / realm / to provide dental care.

next → page

4. On or About the 10<sup>th</sup> day of December, 2024 claimant consulted (was seen by) Dentists in ATTICA Above Date And Many Department of New York State And County while I was suffering severe pain from wisdom tooth, Accompanied by great swelling.

5. Many <sup>All of New York State</sup> Departments recommended to Miller, C Phillip <sup>JR 2483510</sup> that the tooth be extracted to which I agreed, but not to have pieces left in the Gums Areas that cause infections to the mouth and Human Body, or even worst An Infection that spread thru the Body from infected teeth- tooth being extracted the wrong way out my mouth / socket.

6. In extracting the tooth, <sup>ATTICA AND</sup> of All Dentist And New York State / County performed the work so negligently that the tooth shattered, And defendant represented to claimant that the splinters had been removed.

7. After the tooth was extracted, claimant suffered great pain And swelling in the Area of the tooth, but ATTICA / All Dentist Departments / of New York, negligently failed to extract A part of the tooth which had been left in the socket or to make Any effort to do, so representing to Miller, C Phillip 24835 that his pain and swelling was normal And would soon subside.

8. On or about 9 day of December, 2024, upon consulting ATTICA- Rikes Island- All Dentist's Department of New York State / This County- Another Dentist who X-rayed claimant's Jaw, <sup>Miller, C Phillip JR 2483510</sup> learned that a piece of Broken tooth had been left by ATTICA / Rikes Island Dentist or even Brookdale Hospital of Dentist's Departments in New York State. Miller C Phillip <sup>JR</sup> 2483510 Jaw And it was necessary for claimant to undergo An operation to have the piece of tooth removed.

9. The negligence of ATTORNEY/All departments of New York state/This County herein above alleged, consisted of (a) SO manipulating the tooth while it was being removed that it was caused to break; (b) failing to extract the broken piece of tooth or to MAKE ANY effort to do so And failing to take An X-RAY of the socket from which the tooth had been extracted; (c) representing to ~~Miller L. Phillip~~ <sup>Miller L. Phillip JR 2483510</sup> that the extraction had been MADE in A competent manner, when he knew or should have known that the piece of broken tooth had been left in.

10. The Injuries And damages herein Alleged were caused solely by the negligence of the defendant as herein Alleged, without Any negligence on the part of the claimant Miller L. Phillip 2483510 Contributing thereto.

11. See ATTACH CLAIM

12. Notice of Intention to file this CLAIM WAS filed in the office of the clerk of the Court of claims on the 4th day of February, 2025, and in the office of the Attorney General on the 4th day of February 2025.

13. This claim is filed within two And one half ( $2\frac{1}{2}$ ) years After the claim accrued, AS required by law.

14. The particulars of CLAIMANT Miller L. Phillip JR

[STATE PARTICULARS OF DAMAGES]

WHEREFORE, CLAIMANT Miller L. Phillip JR 2483510 respectfully requests Judgment against defendant in the sum of 700 million 2/ The whole REALY world/ GOD HAS NO AMOUNTS OF DOLLARS! GOD HAS whatever GOD WANT IN Life.

next →

WHEREFORE, claimant respectfully requests judgment against defendant  
in the sum of ~~700~~ <sup>Real World</sup> ~~zillions~~ <sup>of Dollars</sup> (the ~~whole~~ <sup>Real World</sup> GOD), has no amount  
God has whatever God want in Life, Earth / Land / Heaven / space / whatever God  
want.

~~Miller L. Phillip~~ <sup>JR</sup> 2483510

Miller L. Phillip <sup>JR</sup> 2483510

claimant

VERIFICATION (for Forms)

STATE OF New York )

County of Wyoming

I, Miller L Phillip JR 2483510, being duly sworn, depose and say:

1. I am the claimant Miller L Phillip JR 2483510
2. I have read the foregoing claim and know the contents thereof
3. The same is true to my own knowledge except as to matters therein stated to be alleged on Information and belief, and that as to those matters, I believe them to be true.

Miller L Phillip JR 2483510

Miller L Phillip JR 2483510

Claimant

Sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_.

X \_\_\_\_\_

NOTARY PUBLIC

Form 6: CLAIM BASED ON NEGLIGENT MAINTENANCE

STATE OF NEW YORK

COUNTY OF CLAIMS

Miller L Phillip<sup>JR</sup> 24B3510

Claimant

CLAIM

- against -

Claim No.

THE STATE OF NEW YORK

Assigned Judge

Dependant

All Departments of United States / New York State / Authorities Agencies of the World  
And Unvers.

1. The Post office address of the Claimant Miller L Phillip 24B3510  
herein is ATTICA Correctional Facility P.O. Box 149 ATTICA N.Y. 14011-0149  
Wayne County. Western District 4th Dept

2. This claim is for negligence of the state of New York for Failure  
to adequately maintain the ceiling of the dayroom of C-Block ASET  
at ATTICA Correctional Facility on the ~~see attachment~~ day of September 20 24

3. It was the duty of the defendant state of New York to maintain  
in a safe and proper condition the ceilings and walls in the correction  
Facility, and specifically the dayroom in many prisons ATTICA C-Block  
Elmira ceilings and conditions are very bad Tier 6-1-CELL, IN Elmira  
Correctional Facility. Many Prison & All Jails / Prison / County / Rikers Island All  
Departments in New York State is to Care, Custody Control, (CCC) AT All  
Prisons, Detention centers, County - All Departments of New York State and  
County.

4. On And Prior to the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ the defendant  
disregarded its duty by negligently and carelessly permitting the ceiling  
in the dayroom at C-Block and ATTICA Correctional Facility, to be

next →



Improperly And dangerously maintained in an unsafe condition, in that the plaster had disintegrated so that large portions had become loosened And were not properly held in place.

5. on the <sup>see</sup> day of Attachments, 20 at approximately 6:00 o'clock am. (or p.m.). Claimant was sitting in the dayroom of <sup>see ATTACHMENTS</sup> reading a book when a large portion of plaster fell from the ceiling, striking claimant on the head, shoulder, arm and leg, causing serious injuries.

6. [Insert allegations showing DCCC's knowledge of the condition that caused your injuries. see Attachments.]

On the date of the incident And for <sup>see CLAIM</sup> months prior Defendant had actual notice of the unsafe And dangerous condition because of grievances And complaints made requesting repair of condition. or The unsafe, defective And dangerous condition of the ceiling of the dayroom At <sup>see ATTACHMENTS</sup> of CLAIM C-BLOCK DAY ROOM AT THE <sup>see ATTACHMENTS</sup> Correctional Facility had existed for a sufficient period of time prior to the incident on <sup>see CLAIM</sup> that the defendant could And should have known of the dangerous And defective condition of the ceiling.

7. As a result of this incident, claimant Miller L. Phillip 2483510 suffered: [Describe All physical, mental, emotional or other harm And injuries.] stress, depression, PTSD, ADHD, Anxiety, emotional distress, weight loss, can't sleep At night sometimes many All Above.

8. The particulars of claimant's damages are As Follow: <sup>Miller L. Phillip 2483510</sup> see Attachment

9. Notice of Intention to file this claim was served on the office of the Attorney General on the 4th day of February, 2025, by certified mail return receipt requested.

next →

10. This claim is filed within two(2) years after the claim accrued as required by law.

11. Attached hereto as a part of the claim is a sketch of the place of the accident.

12. This claim is filed pursuant to sections 10 and 11 of the <sup>Courts</sup> Claims Act.

WHEREFORE, claimant respectfully requests judgment against defendant in the sum of dollars (\$700 billions) The whole world / Realm / GOD has no amounts GOD has whatever GOD want in life.

MILAN L. PHILLIP JR  
MILAN L. PHILLIP JR 24133579  
claimant

VERIFICATION (for form 6)

STATE OF NEW YORK )

)

County of Wyoming 4<sup>th</sup> Dist Western District State of New York)

I, <sup>JR</sup> Miller L. Phillip 24B3510, being duly sworn, depose and say:

1. I am the claimant in the within Action
2. I have read the foregoing claim and know the contents thereof.
3. The same is true to my own knowledge except as to matters therein stated to be alleged on information and belief, and that and that as to those matters, I believe them to be true.

24B3510 Miller L. Phillip <sup>JR</sup>

24B3510 Miller L. Phillip

Claimant

Sworn to before me this      day  
of                      20    .

α

NOTARY PUBLIC

FORM 7: SAMPLE GENERIC CLAIM

STATE OF NEW YORK

COURT OF CLAIMS

MILLER L. PHILLIP JR 24B3510

claimant

v.

CLAIM

The state of new York,

Defendant.

~~All Departments of United States / New York State / Authorities / Agencies of the world and~~  
~~universe~~

1. The Post Office address of the claimant MILLER L. PHILLIP JR 24B3510  
~~Western~~ ATTICA Correctional Facility P.O. Box 149 ATTICA New York 14011-0149  
~~4th DEPT~~  
District State of New York.

2. This claim arise from the Acts or omissions of the defendant. Details of  
said Acts or omissions are as follow (be specific): See ATTACHMENTS  
OF CLAIM

3. The place where the Act(s) took place is [be specific]:  
See ATTACHMENT CLAIM See ATTACHMENT please

Next page →

4. This claim Accrued on the 29th of 20

5. [check appropriate box]:

☐ This claim is served And Filed within 90 days of Accrual.

OR

☐ A Notice of Intention File A claim Was served on  
which date was within 90  
days of Accrual.

OR

☐ This claim by a correctional facility inmate to recover  
damages for injury to or loss of personal property and it  
is served And Filed within 120 days of the exhaustion of  
claimant's Miller, L. Phillip<sup>TR</sup> 2483510 administrative remedies.

By reason of the foregoing, claimant Miller, Phillip<sup>TR</sup> 2483510  
was damaged in the Amount of \$700 zillions (The whole Realm) and  
Amount you can God, because God has whatever it want And  
when it ~~want~~ <sup>want</sup> it!

2483510 Miller L. Phillip<sup>TR</sup>

2483510 Miller L. Phillip<sup>TR</sup>

Claimant

VERIFICATION (For Forc)

STATE OF New York

)

) ss.:

County of Wyoming Western District of

1. I am the claimant Miller L. Phillip<sup>JR</sup> 24B3510 in the within Action
2. I have read the foregoing claim and know the contents thereof,
3. The same is true to my own knowledge except as to matters therein stated to be alleged on information and belief, and that as to those matters, I believe them to be true.

Phillip L. Phillip<sup>JR</sup> 24B3510  
Claimant

Sworn to before me this \_\_\_\_ day.

at \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC



Form 8: Affirmation In Support of Application pursuant to CPLR 1101(f)

State of New York

County Claims

Miller L. Phillip Jr 2483510

2483510

Claimant,

Affirmation In Support  
TO CPLR 1101(f)

The State of New York,

Defendant.

Claimant

All Departments of universe United States / New York State / Authorities Agencies of  
the world and country

STATE OF New York

County of Wyoming Western District 41th Street ) SS:

I, Miller L. Phillip Jr 2483510, hereby affirm this 4th day of February, 2025

under the penalties of perjury under the laws of New York, which  
may include a fine or imprisonment that the following is true, and I  
understand that this document will be filed in an action or proceeding in a court  
of law.

1. I am the claimant in this proceeding, I am an inmate in a federal, state,  
or local correctional facility. ATTICA correctional facility, And I  
submit this affirmation to support my Application for a reduction of  
the filing fee.

2. I currently receive income from the following sources, not including  
correctional facility wages, correctional and some family members  
but really have nobody poor person so can you please accept God may  
Bless you.

next →



3. I own the Following Valuable Property (Other than Miscellaneous Personal Property):

☒ None

☐ List Property, if Any:

Value

Property	Value
_____	_____
_____	_____
_____	_____
_____	_____

4. I have no Savings, Property, Assets, or Income other than As listed Above.

5. I am unable to pay the Filing fee necessary to prosecute this Proceedings.

6. No other person who is able to pay the Filing fee has a beneficial Interest in the result of this proceeding.

7. The facts of my case are described in my claim and other <sup>Papers</sup> ~~\_\_\_\_\_~~ filed with the court.

8. I have made no other request for this relief in this case.

Philip L. Miller Jr  
claimant 2483516

### AUTHORIZATION

I, Miller L. Phillip<sup>JR</sup> 248350 request and authorize the Agency holding me in custody to send to the clerk of the court of claims Certified copies of the correctional facility trust fund account statement (or the institutional equivalent) for the past six months.

I further request and authorize the Agency holding me in custody to deduct the filing fee from my correctional facility trust fund account (or the institutional equivalent) and to disburse those amounts as instructed by the court of claims.

This authorization is given in connection with this claim and shall apply to any Agency into whose custody I may be transferred.

I UNDERSTAND THAT THE ENTIRE FILING FEE AS DETERMINED BY THE COURT OF CLAIMS WILL BE PAID IN INSTALLMENT BY AUTOMATIC DEDUCTIONS FROM MY CORRECTIONAL FACILITY TRUST FUND ACCOUNT EVEN IF MY CASE IS DISMISSED.

Miller L. Phillip<sup>JR</sup>  
24835010

Dentist  
12-10-2024

Corrections Officer's      Most get all these people      TO SLAY them      118 Heaven 1964 Dawn Lee por.  
 H/L      ESH      (ISA)      Johnson ✓      ATTICA correction officer  
 Good Wilson      Sgt Pichette  
 Bad Valdez GRVC  
 Good Angustree GRVC      ZOE ROOT      Legal Appellate Litigation      write back  
 Bad Thomas GRVC      Elizabeth ISAACS  
 Good owns West facility  
 Bad Wu GRVC      Hatchet - Good/SLAY  
 Good Benter OBCC      Wright - Queen - 11A South  
 Good PAKER OBCC  
 Bad HYE OBCC  
 Bad Denney OBCC  
 H/L      Bad/Good DAVIS RESH  
 Good/Good Ford RESH  
 Bad Mitchell GRVC  
 Bad MS "O" GRVC 11A-13B MS "O"  
 Good MS Herters  
 Good/Bad Kathy Hochul  
 Bad/Good Arian Adams  
~~Attorneys~~  
 ShessesHOO  
~~Attorneys~~  
 Good/Good Dyer OBCC Jamaica one  
     Big Girl  
 Good Leslie GRVC / Capt Leslie  
 Bad Deputy Hamilton GRVC  
 Bad Deputy Subrain GRVC  
 Good/Bad HeerleA GRVC  
 Bad/Good Deputy Harris Young one

Phillip 24B3510  
rectional Facility

14011-0149

FILED  
IN CLERK'S OFFICE  
U.S. DISTRICT COURT E.D.N.Y.

★ FEB 18 2025 ★

BROOKLYN OFFICE

ATTICA

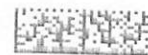


IONAL FACILITY

quadiant

02/12/2025

US POSTAGE \$011.54<sup>00</sup>



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TO: CLERK OF U.S. District Court

Eastern District of New York

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BROOKLYN, N.Y. 11201

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